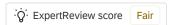
Tools ∨ Saved at 10:25 AM Draft



MHP/LHD Plan of Care Survey



Default Question Block

Q1

•••

In follow-up to the 12/13/21 MHP/LHD Maternal Child Health Collaborative meeting, the planning team would like to learn more about 1.) Your preferences for a standardized collaborative plan of care (POC) to use with CSHCS beneficiaries; and 2.) Data fields you would like to see included in a standardized collaborative POC.

CSHCS has a POC template that is available for use that is available on the MDHHS website. For your convenience, a copy of the CSHCS POC Template was attached to the email describing this survey.

MDHHS is interested in identifying any additional elements or data fields that would be helpful to include on the CSHCS POC. The survey questions follow the sections of the CSHCS POC template.

The survey will take approximately 15-20 minutes to complete. Your participation is voluntary, and responses will be confidential. Your responses will inform the CSHCS care coordination and case management (CC/CM) care planning process moving forward.

Please respond to the survey by Friday, May 13, 2022.

Q1

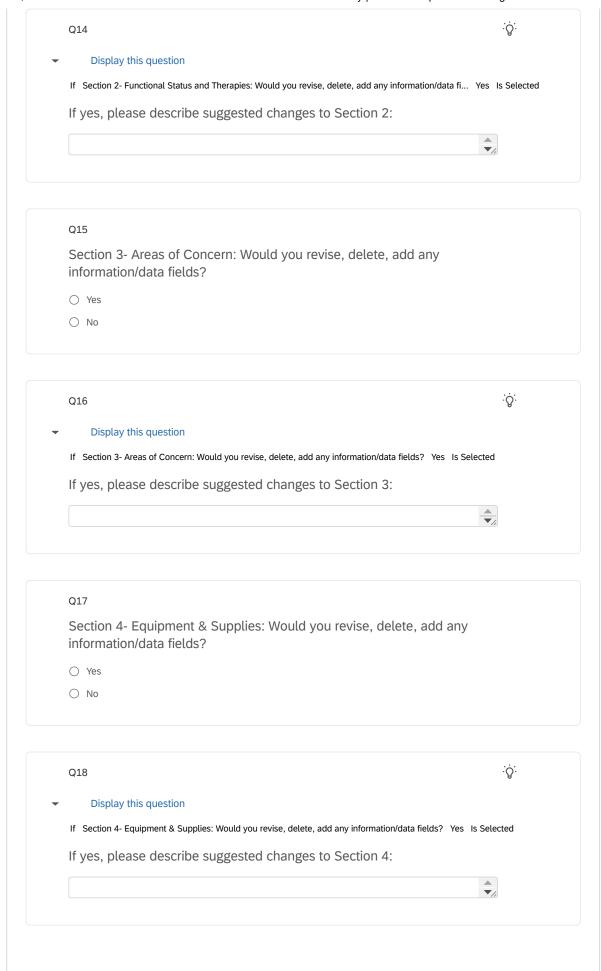
Please select your organization:

- O MHP
- O LHD
- MDHHS
- Other

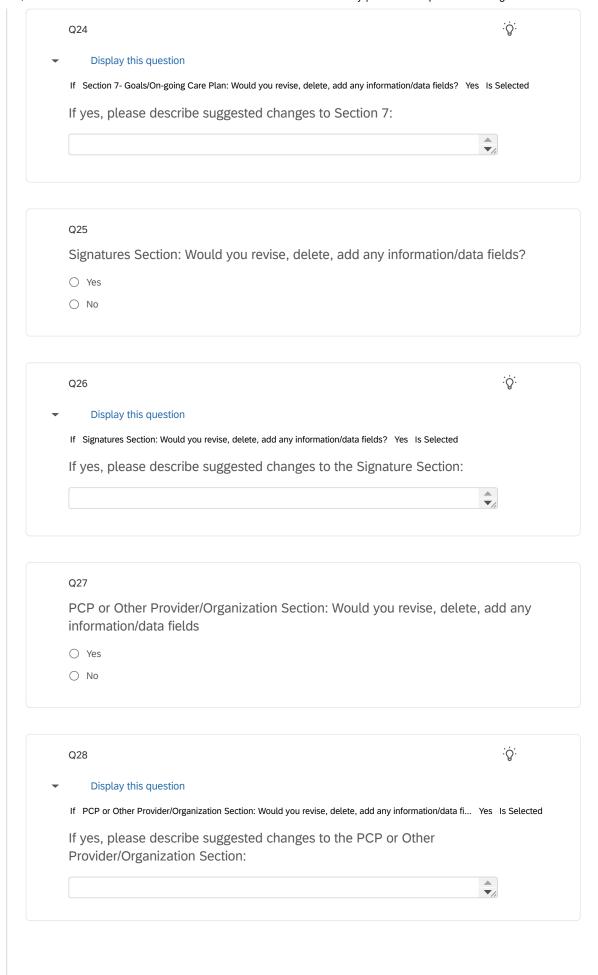
RN	
SW	
MD/DO	
□ PA/NP □ RD	
□ CHW	
Other	
Q3	
Please note your agreement with the following s POC among LHDs and MHPs would be a useful services for CSHCS enrollees.	
O Strongly Agree	
○ Agree	
○ Undecided	
○ Disagree	
O Strongly Disagree	
Q4	
Q4 What drawbacks (if any) would there be to using	:¿: ; a joint CSHCS plan of care?
Q4 What drawbacks (if any) would there be to using	•
	a joint CSHCS plan of care?
	a joint CSHCS plan of care?
What drawbacks (if any) would there be to using	g a joint CSHCS plan of care?
What drawbacks (if any) would there be to using Q5 Do you currently use the CSHCS POC Template	g a joint CSHCS plan of care?
What drawbacks (if any) would there be to using Q5 Do you currently use the CSHCS POC Template services to CSHCS enrollees?	g a joint CSHCS plan of care?

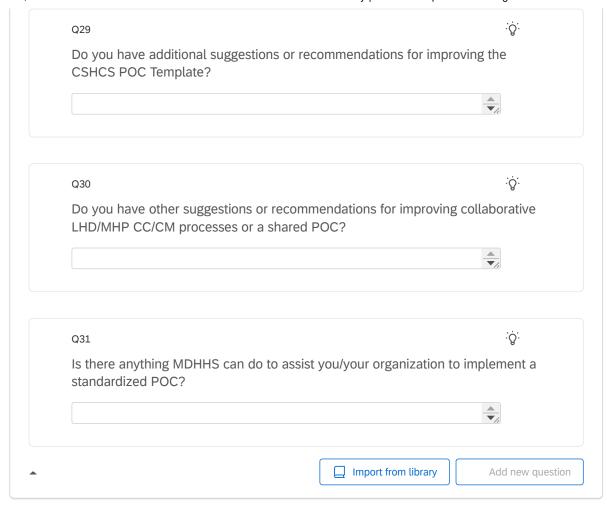
Q6
Display this question
If Do you currently use the CSHCS POC Template when providing care and services to CSHCS enrollees? No Is Selected
If no, why not? (Select all that apply.)
Didn't know about it
☐ Too lengthy/complicated
Use another POC
☐ Other
Do you currently use a different POC when providing care coordination or case management to CSHCS enrollees?
Q8 Display this question
If Do you currently use a different POC when providing care coordination or case management to CSHCS Yes Is Selected
If yes, is the POC a (Select the best response):
Standardized form/template purchased by my organization/agency
Custom form/template used by my organization/agency
Other

Is the POC incorporated into an EMR or CM databa	isersystem:
☐ Yes	
□ No	
Additional Comments:	
Q10	
The following questions address the 7 Sections, Sig	
Provider/Organization Sections of the CSHCS POC	•
in identifying any additional information or data field include, remove and/or revise on the POC template	
include, remove unavor revise on the 1 oc temptate	••
Q11	
Section 1- Case Information: Would you revise, dele information/data fields?	ete, add any
○ Yes	
○ No	
Q12	;Ö.
Display this question	
If Section 1- Case Information: Would you revise, delete, add any information	on/data fields? Yes Is Selected
If yes, please describe suggested changes to Section	on 1:
	▲ ▼ ,
	*70
Q13	
	you revise, delete, add any
Section 2- Functional Status and Therapies: Would information/data fields? O Yes	



	information/data fields?	
	○ Yes	
	○ No	
	Q20	·ģ.
		A
	Display this question If Section 5- DME Medical Supplies: Would you revise, delete, add any information/data fields? Yes Is Select	rted
		Lieu
	If yes, please describe suggested changes to Section 5:	
	Q21	
	Section 6- Education/Psycho-Social: Would you revise, delete, add any	
	information/data fields?	
	○ Yes	
	○ No	
		·4·
		.Ģ.
•		÷ģ.
•	Q22	
	Q22 Display this question	
_	Q22 Display this question If Section 6- Education/Psycho-Social: Would you revise, delete, add any information/data fields? Yes Is Sel	
	Display this question If Section 6- Education/Psycho-Social: Would you revise, delete, add any information/data fields? Yes Is Sel If yes, please describe suggested changes to Section 6:	
	Display this question If Section 6- Education/Psycho-Social: Would you revise, delete, add any information/data fields? Yes Is Sel If yes, please describe suggested changes to Section 6:	
	Display this question If Section 6- Education/Psycho-Social: Would you revise, delete, add any information/data fields? Yes Is Sel If yes, please describe suggested changes to Section 6:	
	Display this question If Section 6- Education/Psycho-Social: Would you revise, delete, add any information/data fields? Yes Is Sel If yes, please describe suggested changes to Section 6: Q23 Section 7- Goals/On-going Care Plan: Would you revise, delete, add any	
r	Display this question If Section 6- Education/Psycho-Social: Would you revise, delete, add any information/data fields? Yes Is Sel If yes, please describe suggested changes to Section 6: Q23 Section 7- Goals/On-going Care Plan: Would you revise, delete, add any information/data fields?	





Add Block

End of Survey

We thank you for your time spent taking this survey.

Your response has been recorded.